

port is in order to replace the compression dressing. Adhesive tape or a plaster cast may then be applied. It is useless to apply these earlier, since they become loose and of no purpose as swelling recedes, and since they allow no access to the heat treatments which, in the early stages, are the only relief to the torturing agony. Adhesive applied over edematous areas may even increase the distress.

In the case of an ankle the compression dressing and full use of crutches are usually necessary for ten days to two weeks. After this a basket taping every week for a month, with the cotton-elastic bandage over the tape for extra support, will be needed. With the tape, the toe can first be touched down between the crutches, then gradually a little more, and a little more weight taken on the foot till at last the crutches can be discarded. If swelling recurs, use is progressing too rapidly,

If a little bone is pulled off at the site of the sprain, causing sprain fracture, the early treatment is the same, but plaster is better than tape in the secondary period. All ankle sprains should be x-rayed to determine this point.

The doctor who has experienced a sprain himself will give amen to this humane form of treatment, as contrasted with more usual schemes.

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TRICHOMONAS VAGINITIS

A SIMPLE EFFECTIVE TREATMENT

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FOR the past few years numerous papers dealing with trichomonas vaginitis have appeared in the literature. This condition is gradually being recognized as a definite clinical entity, despite the fact that we are not yet able to satisfy Koch's postulates.

Two recent contributions* have stimulated us to submit the following observations:

1. Typical trichomonas vaginitis (a hyperemic vaginal and cervical mucous membrane containing many small punctate and/or flame-shaped areas of intense hyperemia; associated with a greenish gray discharge, often foamy, frequently blood-tinged, very irritating, profuse, containing trichomonas vaginalis, and often accompanied by urethritis) occurs with sufficient frequency to warrant clinical recognition.

2. Trichomonas infestation is frequently engrafted upon preëxisting endocervicitis; hence, all cases of vaginal discharge should be examined by the simple method of placing a fresh drop of the

material on a slide, covering with a slip, and observing with a high dry lens.

3. *Trichomonas vaginalis* has been found in a girl of six, suffering from nonspecific vaginitis; her mother harbored the parasite in her vaginal secretion.

4. *Trichomonas vaginalis* has been found in the secretion of a man suffering from nongonorrheal prostatovesiculitis; his wife harbored the parasite, and his genital involvement followed marriage.

5. *Trichomonas vaginitis* yields readily to treatment based upon the fact that trichomonas vaginalis requires an environment which is acid in reaction.

TREATMENT

We have used the following simple treatment for five years, with unvarying success: (1) Bicarbonate of soda orally until the urine is alkaline in reaction (usually two to three teaspoonsful daily). (2) A speculum is introduced into the vagina. The vaginal and cervical mucous membranes are swabbed clean with dry cotton applicators; any evident discharge is likewise removed from the cervical canal. The lower cervical canal is packed with sodium bicarbonate in powder form, following which one to two ounces of bicarbonate of soda (kitchen quality) is packed into the vaginal canal, while withdrawing the speculum. The patient is instructed to take a douche the following day, using one to two ounces of soda bicarbonate to one quart of warm water, assuming the position necessary to make the vagina act as a cup; for this is important to assure proper contact of the solution with the vaginal walls, it being surprising how many women take douches in a sitting position. The "soda pack" gives rise to a burning sensation for three to five hours, but most women are willing to endure it without sedatives. Treatments are given on alternate days, and an examination made for trichomonas vaginalis at each sitting. One to five packings reduce the number of parasites to a point where they cannot be found; the patient is then put on daily soda douches, and told to report following her next menstrual flow, at which time mild relapse is frequent unless cure has been effected. If trichomonas are found, "soda packs" are given as above until the patient is "microscopically free," after which daily soda douches; if relapse does not occur, douches are continued on alternate days and reëxamination made following the next menses, after which, if found free from parasites, treatment is discontinued. During the whole of this program the urine is kept mildly alkaline, the initial dose of soda being reduced from one-half to one teaspoonful daily. A very occasional case will relapse after two "menstrual negatives." Symptomatic relief from burning on urination and vulval irritation occurs within twenty-four hours from the institution of treatment.

We strongly suspect that the results obtained by Gellhorn can be attributed to the sodium bicarbonate contained in his compound.

We do not have a successful treatment for infestation of the genital tract of the male.

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* Gellhorn, George: Treatment of Trichomonas Vaginitis with Acetarsone (Stovarsol), J. A. M. A., 100:1765 (June 3), 1933.

* Frankenthal, Lester E., Jr., and Kobak, Alfred J.: Trichomonas Vaginitis in Children, J. A. M. A., 100:1746 (June 3), 1933.